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| <b>Case Number:</b>   | CM15-0011401 |                              |            |
| <b>Date Assigned:</b> | 01/29/2015   | <b>Date of Injury:</b>       | 11/02/2004 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71-year-old male who reported an injury on 11/02/2004. The mechanism of injury was the injured worker was working and lifting a heavy object weighting 100 pounds or so, and his right foot got stuck. The injured worker indicated something may have fallen on it or it got stuck. The injured worker was noted to undergo ankle surgery and was given a special boot and crutches. The injured worker received 24 sessions of postoperative therapy. The documentation of 11/21/2014 revealed the injured worker had right ankle pain that was a 6/10 to 7/10. The injured worker had increased pain and indicated he was not sure if it was due to weather change or not, but it was causing more pain. The injured worker continued with his current medication regimen and noticed more discomfort in the recent weeks. The injured worker had complaints of right foot and ankle pain. The physical examination of the right ankle revealed slight swelling around the medial aspect of the right ankle. The surgical scar was noted in the medial and lateral aspect of the ankle. The injured worker had decreased range of motion of the ankle. The injured worker had a minimal limp with shoes, which became more pronounced without shoes. The diagnoses included right ankle bimalleolar fracture status post open reduction internal fixation on 11/03/2004 and chronic itching in the right ankle with dryness of the skin possibly related to topical Voltaren gel. Treatment plan included Norco 5/325 mg every 12 hours as needed #15 for flare up pain, naproxen sodium 550 mg twice a day for pain, Prilosec/omeprazole 20 mg 1 to 2 tablets by mouth every day for NSAID causing GI upset, and Mentherm topical gel. There was a Request for Authorization submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **Norco 5/325mg quantity 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had chronic pain. There was a lack of documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325mg quantity 15 is not medically necessary.

### **Naproxen sodium 550mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documented efficacy, the request for naproxen sodium 550mg quantity 60 is not medically necessary.

### **Menthoderm topical cream of methyl salicylate 15% and menthol 1-%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the injured worker had pain. This medication would be appropriate. However, the request as submitted failed to indicate the quantity of medication, the body part, and the frequency to be utilized. As such, this medication would not be supported. Given the above, the request for Mentoderm topical cream of methyl salicylate 15% and menthol 1-%: is not medically necessary.